

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: GASKET MATERIAL
Attorney Docket Number:: 8035-1022
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 11
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: YOSHIAKI
Middle Name::
Family Name:: HAMADA
Name Suffix::
City of Residence:: SAITAMA-SHI
State or Province of Residence::
Country of Residence:: JAPAN
Street of Mailing Address:: 24-17, HARAYAMA 2-CHOME
Address:: SAITAMA
City of Mailing Address:: SAITAMA-SHI
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 336-0931

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: KOJI
Middle Name::
Family Name:: AKIYOSHI
Name Suffix::
City of Residence:: SAITAMA-SHI
State or Province of Residence::
Country of Residence:: JAPAN
Street of Mailing Address:: 24-17, HARAYAMA 2-CHOME
Address:: SAITAMA
City of Mailing Address:: SAITAMA-SHI

State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 336-0931

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: YASUNORI
Middle Name::
Family Name:: MURAKAMI
Name Suffix::
City of Residence:: WAKO-SHI
State or Province of
Residence::
Country of Residence:: JAPAN
Street of Mailing Address:: 4-1, CHUO 1-CHOME
Address:: SAITAMA
City of Mailing Address:: WAKO-SHI
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 351-0193

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: MASAMUNE
Middle Name::
Family Name:: TABATA
Name Suffix::
City of Residence:: WAKO-SHI
State or Province of
Residence::
Country of Residence:: JAPAN
Street of Mailing Address:: 4-1, CHUO 1-CHOME

Address:: SAITAMA
City of Mailing Address:: WAKO-SHI
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 351-0193

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/JP2003/005548	4/30/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
JAPAN	2002-196713	7/5/02	Yes
JAPAN	2002-196824	7/5/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::